PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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2			Attorney Docket Number	US020623	
DECLARA		N FOR UTILITY OR	First Named Inventor Daniel A. Silber		
PATE		APPLICATION	COMP	LETE IF KNOWN	
(	37 C	FR 1.63)	Application Number	1	
☑Declaration Submitted	OR	☐Declaration Submitted after Initial	Filing Date		
With Initial		Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit		
Filing		(37 CFK 1.10 (B))			

Examiner Name

required)

As a below named inventor, I hereby declare that:					
My residence, post offic	e address, and citizenship	are as stated below next t	to my name.		
	irst and sole inventor (if only on ect matter which is claimed an				al names
	CTOR FOR MEDICA				
the specification of which	(Title of th	ne Invention)			
is attached hereto					
OR					
was filed on (MM/DD	/YYYY)	as United States Ap	plication Number o	r PCT International	
Application Number	and	was amended on (MM/DD/Y	YYY) [	(if	applicable).
I hereby state that I have revie specifically referred to above.	ewed and understand the conte	ents of the above identified spe	ecification, includin	g the claims as ame	ended
l acknowledge the duty to disc	close information which is mate	rial to patentability as defined	in 37 CFR 1.56, in	cluding for continua	ation-in-part
international filing date of the	ion which became available be continuation-in-part application.	tween the filing date of the pr	or application and	the national of PC	
I hereby claim foreign priority	benefits under 35 U.S.C. 119(a	i)-(d) or (f), or 365(b) of any fo	oreign application(s	s) for patent, invent	or's or plant
States of America, listed below	or 365(a) of any PCT internat w and have also identified belo	w, by checking the box any for	preign application(s	<ul><li>for patent, inventor</li></ul>	or's or plant
breeder's rights certificate(s), claimed.	or of any PCT international ap	oplication having a filing date	before that of the	application on whic	h priority is
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy	Attached?
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO
Additional foreign applicat	ion numbers are listed on a su	pplemental priority data sheet	PTO/SB/02B attac	ched hereto:	

[Page 1 of 2]

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Given Name D (first and middle [if any])	aniel A.			ily Nam urname		LBER		
Inventor's Signature	la Sie	bee			Date	21	MARCH	2003
Lexington	1111	МА		USA			USA	
Residence: City	USA	State		Count	try		Citizenship	
11 Percy Road								
Mailing Address								
Lexington		MA		02421			USA	
City		State		Zip			Country	
NAME OF SECOND INVEN	ITOR: A	oetition has b	een file	d for th	is uns	igned	l inventor	
Given Name (first and middle [if any])				ily Nam urname				
Inventor's Signature					Date			
	,							
Residence: City		State		Coun	try		Citizenship	
Mailing Address								
City	<del></del>	State		Zip			Country	
Additional inventors are be	ing named on the	supplementa	al Addition	al Invent	or(s) sh	eet(s) l	PTO/SB/02A attac	hed hereto.

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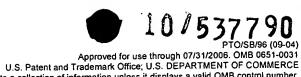
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Name	Michae	1 E. Marion				Telepho	me (914)	333-9637
Title	Author	ized Represent	ative			<del></del>		

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	STATEMENT UNDER 37 CFR.	<del>3.73/6)</del>
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oplication No./Patent No.:	Filed/Issue Date:	
ntitled: DOUBLE CONNECTOR FOR MEDI	CAL SENSOR	
oninikijke Philips Electronics N.V.	, a <u>corporation</u> (Type of Assignee, e.g., c	orporation, partnership, university, government agency, etc.)
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The undersigned (whose title is supplied	below) is authorized to act on behal	f of the assignee.
Sic	nature	Date
W. Brinton Yorks, Jr. Reg. #28,		425-487-7152
	Typed Name	Telephone Number
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